

Registered pharmacy inspection report

Pharmacy Name: Day Lewis Pharmacy, Manor Lane, Old Basing,
BASINGSTOKE, Hampshire, RG24 7AE

Pharmacy reference: 1092427

Type of pharmacy: Community

Date of inspection: 21/09/2022

Pharmacy context

This pharmacy is next door to a GP surgery in Basingstoke. It dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy also dispenses some medicines in multi-compartment compliance aids for those who may have difficulty managing their medicines at home. The pharmacy also provides flu vaccines and a local delivery service.

Overall inspection outcome

✓ **Standards met**

Required Action: None

Follow this link to [find out what the inspections possible outcomes mean](#)

Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards met	N/A	N/A	N/A
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	N/A	N/A	N/A
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy manages its risks well. It has written instructions to help its team work safely and it keeps the records it needs to by law. Staff talk to each other about the mistakes they make and make changes in the pharmacy to help prevent the same mistakes from happening again. The pharmacy has appropriate insurance to protect people if things do go wrong. People who work in the pharmacy understand their roles and responsibilities. They keep people's private information safe, and they understand their role in protecting vulnerable people.

Inspector's evidence

A near miss log was available in the dispensary and was seen to be used regularly by the team. The pharmacy technician explained that near misses were discussed verbally with each team member, highlighting their own errors and changes they could make. Near misses were also reported electronically on PharmOutcomes and this allowed the team to generate reports at the end of each month showing the types of mistakes they had made, and allowed them to further analyse any trends in their errors. The team members reported how they were aware of the 'Look Alike Sound Alike' (LASA) medicines and when these items were labelled on prescriptions, they highlighted them for the dispenser to take extra care when dispensing them. The technician described an incident which had occurred between Edoxaban and Etoricoxib and so they highlighted the shelf where the items were to help prevent a recurrence. However, when the mistake happened again, the team decided to put Etoricoxib in a basket on the shelf to further highlight the difference.

There was a workflow in the pharmacy where labelling, dispensing, checking and the preparation of multi-compartment compliance aids were all carried out at different areas of the work benches. Multi-compartment compliance aids were prepared in a dedicated area of the dispensary. Standard Operating Procedures (SOPs) were in place for the dispensing tasks. Team members had all signed the SOPs to say they had been read and understood. Staff roles and responsibilities were described in the SOPs which were reviewed every two years by the superintendent pharmacist, or when there were any significant changes. There was a complaints procedure in place within the SOPs and the staff were clear on the processes they should follow if they received a complaint. The complaints procedure was also detailed in a poster displayed in the pharmacy. The poster explained that any comments, suggestions, or complaints could be forwarded to the staff, the Patient Advisory Liaison Service (PALS) and Independent Complaints Advocacy Service (ICAS). A valid certificate of public liability and indemnity insurance from the NPA was available.

The controlled drug register was maintained electronically, and a balance check was carried out every week. Records of this were complete. The responsible pharmacist record was held electronically, and the correct responsible pharmacist notice was displayed in the pharmacy where the public could see it. The maximum and minimum fridge temperatures were recorded electronically daily and were within the correct temperature range. The electronic private prescription records were completed appropriately. The specials records were complete with the required information documented accurately. The computers were all password protected and the screens were not visible to the public. There were cordless telephones available for use and confidential wastepaper was collected in baskets on the workbenches and later destroyed appropriately.

The pharmacist and technician had completed the Centre for Post-graduate Pharmacy Education (CPPE) Level 2 training programme on safeguarding vulnerable adults and children, and the rest of the team had completed a safeguarding training module from the company. All team members were aware of things to look out for which may indicate a safeguarding issue. The team had a safeguarding vulnerable groups policy in the Clinical Governance file which contained all the contact and signposting information together with a flow chart should the team suspect a safeguarding incident. There was also a safeguarding poster on display in the dispensary for the team members to refer to when required.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to deliver safe and effective care. Members of the pharmacy team do the right training for their roles. They're comfortable about giving feedback on how to improve the pharmacy's services. They know how to raise a concern if they have one. And they don't allow their professional judgement and patient safety to be affected by their targets.

Inspector's evidence

During the inspection, there was one regular pharmacist, one registered pharmacy technician, one NVQ Level 2 dispenser and one medicines counter assistant. Certificates of completed training were on display in the pharmacy. The staff were seen to be working well together and supporting one another. Team members explained that they were open with one another and could learn from each other and discuss mistakes without embarrassment.

The pharmacy team received regular training updates via 'Day Lewis Academy'. These came to the team via the company's intranet for each member of staff and included mandatory training as well as clinical training.

The team completed staff satisfaction surveys annually where their opinions about their job and working environment were considered and they could provide feedback to the company about their work. There was a whistleblowing policy for the company which all the members of staff had signed to say they read and understood. There were targets in place, but the team did not feel pressurised to deliver the targets and explained that they would never compromise their professional judgement to do so.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, tidy and suitable for the provision of its services. The premises are well maintained, and they are secure when closed. Pharmacy team members use a private room for sensitive conversations with people to protect their privacy.

Inspector's evidence

The pharmacy's space was clean, tidy and professional in appearance. It was small, but the team used the areas well and workflows were clear. The pharmacy was laid out with the professional areas clearly defined away from the main retail area of the pharmacy. The medicine counter was protected from the public by a barrier. All the products for sale within the pharmacy area were healthcare related and relevant to pharmacy services. The pharmacy had installed a Perspex screen by the medicines counter to help prevent the movement of airborne viruses.

There were designated workstations for different activities to take place. A signposted consultation room was present in the retail space. This was of a suitable size for its intended purpose, and it could be locked. The room contained a waste bin with clinical waste and a sharps bin. There was also a fridge for the storage of vaccinations, a computer and chairs as well as lockable storage. The pharmacy team were observed using the consultation room appropriately and taking people in there for private conversations and for vaccinations. Conversations in the consultation room could not be overheard.

The dispensary was suitably screened to allow for the preparation of prescriptions in private. The ambient temperature was suitable for the storage of medicines and regulated by an air conditioning system. Lighting throughout the pharmacy was appropriate for the delivery of pharmacy services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy delivers its services in a safe and effective manner, and people with a range of needs can access them. The pharmacy sources, stores and manages its medicines safely, and so makes sure that those medicines it supplies are fit for purpose. Team members identify people supplied with high-risk medicines so that they can be given any extra information they may need to take their medicines safely. The pharmacy responds satisfactorily to drug alerts or product recalls so that people only receive medicines or devices which are safe for them to take.

Inspector's evidence

There was a range of leaflets available for people to read about services on offer and general health promotion in the retail area of the pharmacy. The health promotion area was bright and eye catching with lots of useful information and guidance for healthier living. There was step-free access in the pharmacy via an electric assisted door and the team explained that they provided a delivery service for housebound people and those who had difficulty accessing the pharmacy. There was also seating available should anyone require it when waiting for services. Alcohol hand gel was also available for use in the pharmacy.

The team members were aware of the requirements for women in the at-risk group to be on a pregnancy prevention programme if they were taking valproates. The technician demonstrated the valproate information cards and leaflets the team supplied when they dispensed valproates. She stated that they had audited valproate use in the pharmacy and were aware of different people's requirements. The team organised the preparation of multi-compartment compliance aids into a four-week cycle and maintained audit trails to prepare and deliver them. The labels on a sample of compliance aids were seen to have accurate descriptions of the medicines as well as being signed by the person who dispensed and checked the items. The dispenser explained that every month, they supplied each patient with the relevant Patient Information Leaflets.

The pharmacy obtained medicinal stock from the Day Lewis Warehouse, AAH and Alliance. Specials were obtained via Middlebrook. Invoices were seen to verify this. Date checking was carried out regularly and the team had stickers to highlight items due to expire and recorded any items which had expired. There were denaturing kits available for the destruction of controlled drugs and dedicated bins for the disposal of waste medicines were available. They were seen being used for the disposal of medicines returned by patients. The team also had a bin for the disposal of hazardous waste. The fridges were in good working order and the stock inside them was stored in an orderly manner. The CD cabinet was appropriate for use and CDs for destruction were segregated from the rest of the stock. MHRA alerts came to the team from their head office, and they were actioned appropriately. The recall notices were printed off in the pharmacy and annotated to show the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs for the delivery of its services. It looks after this equipment to ensure it is suitable for use and remains clean.

Inspector's evidence

There were several crown-stamped measures available for use, including 100ml, 50ml and 10ml measures. Amber medicine bottles were seen to be capped when stored and there were clean counting triangles available as well as capsule counters. Up-to-date reference sources were available such as a BNF and a BNF for Children as well as other pharmacy textbooks. Internet access was also available should the staff require further information sources. The computers were all password protected and electrical equipment appeared to be in good working order.

What do the summary findings for each principle mean?

Finding	Meaning
✓ Excellent practice	The pharmacy demonstrates innovation in the way it delivers pharmacy services which benefit the health needs of the local community, as well as performing well against the standards.
✓ Good practice	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
✓ Standards met	The pharmacy meets all the standards.
Standards not all met	The pharmacy has not met one or more standards.